

**NHS Commissioner and Provider and Social Care Update  
on Progress of Francis Inquiry Recommendations**

**Agenda item 7**

Date	23 September 2014
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Recommendation	<ol style="list-style-type: none"><li>1. <b>The Board is asked to:</b><ol style="list-style-type: none"><li>a) <b>Receive the health and social care economy wide update report reflecting NHS commissioner and provider and Social Care responses to key areas contained within the Francis Inquiry Review.</b></li><li>b) <b>Support the county-wide vision to promote a 'Culture of Quality' across the health and social care economy through identification of common themes that require action on a partnership basis.</b></li></ol></li></ol>
Background	<ol style="list-style-type: none"><li>2. The Francis Inquiry, formally known as the 'Mid Staffordshire NHS Foundation Trust Public Inquiry', was published on 6 February 2013 and examined the causes of the failings in care at Mid Staffordshire NHS Trust between 2005-2009. The report made 290 recommendations.</li><li>3. The report raised a wide range of concerns about patient care, safety and dignity and about the attitudes and approaches of managers and staff within the Trust.</li><li>4. The report also highlighted the failure of the wider health system to ensure services of an adequate quality were being delivered from the trust, including the systems of inspection, regulation, commissioning, contract management, complaints, clinical governance, quality assurance, regional NHS management and performance management arrangements.</li></ol>

5. The inquiry found that the organisational culture, characterised by a lack of transparency and openness, together with an excessive focus on financial and performance targets led to a system that did not put patient care at the centre of what it did.
6. All commissioning, service providers, regulatory and ancillary organisations in the NHS were asked to consider the findings and recommendations of the report and apply them to their own Trust or organisation. Each NHS organisation was required to report its response to the report publicly by December 2013 and publish progress reports on a regular basis in relation to its planned actions.
7. An initial paper was presented to the Health and Wellbeing Board in February 2014 which provided assurance in relation to review and implementation of the Francis Inquiry recommendations. It was agreed that a further paper would be presented in September 2014 to provide assurance on six key areas. This paper therefore focuses on providing an update and further assurance in respect of complaints, listening and responding to the patient voice, staff morale, staff retention and recruitment and staffing on a clinical level.
8. In November 2013, the National Quality Board (NQB) Report 'How to ensure the right people with the right skills are in the right place at the right time' was published which outlined the requirements for NHS trusts to report on staffing capacity and capability. The aim of the document was to ensure that Boards take full responsibility for the quality of care provided to patients and as a key determinate of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. The report cited research that demonstrates how staffing levels are linked to the safety of care and that staffing shortfalls increases the risk of patient harm and poor quality care.
9. The Government made a number of commitments in 'Hard Truths: The Journey to Putting Patients First' (2013) including their intention to provide transparency for patients by requiring NHS Trusts to publish their staffing data. The first phase focused on inpatient areas in acute and midwifery settings, community hospitals, mental health and learning disability settings. All NHS Trusts were required to implement a number of key Actions by the end of June 2014 including.
  - Providing a Board report every six months describing the staffing capacity and capability,

following an establishment review and using an evidence-based tool\*.

- Providing information on nursing and care staff deployed for each shift on every ward with comparison between the planned and actual staffing levels. This information is publically displayed on each ward.
- A report is presented at each public Board meeting including information on planned and actual staffing on a shift by shift basis. Board reports are also published on the Trust's website and the information is uploaded to NHS Choices for national publication.
- Progress against these actions is monitored by the Trust Development Authority (TDA), the Care Quality Commission (CQC) and Monitor.

\*Evidence based tools are not available for all services.

10. NICE (National Institute for Clinical Excellence) has now issued guidance on safe staffing for nursing in adult inpatient wards in acute hospitals. The guidance does not recommend a single nursing staff to patient ratio but states that Trusts should take into account the evidence of increased harm associated with a registered nurse providing care to more than eight patients during a day shift. It also recommends nursing red flag indicators that should be reviewed when monitoring staffing levels. These include unplanned omissions in medication, delays in pain relief, and less than two registered nurses on a ward during any shift or a shortfall of 8 hours or 25% of registered nurse time available compared with the actual requirement for the shift.

## CCGs

### Staffing at a Clinical Level

11. The CCGs in Worcestershire monitor the progress of the main Provider organisations against the NQB 'Hard Truths Commitments Guidance' through the review of monthly staffing data presented at clinical quality review meetings with the two main providers. This information is triangulated with the review of ward staffing levels during quality assurance visits to the main Providers by CCG Quality and Patient Safety Teams.
12. The Francis Review advocated the development of a 'new shared' culture in which the patient is the priority. In response to this recommendation the CCGs facilitated a 'Culture of Quality' workshop. The workshop was held for

organisational leaders and key partners across the health and social care economy. The aim of the workshop was to develop a shared vision for quality across the health economy. Joint work across the health and social care economy has taken place to enhance recruitment and retention of staff, through active promotion of Worcestershire as a positive place to live and work.

13. A task and finish group continues to progress the action plan to develop and implement a communications campaign. The aim of the group is to focus on the positive aspects of care and the culture of quality of care in Worcestershire.
14. A workforce development event is currently in the planning stage with the aim of assessing fitness of purpose of the healthcare workforce across Worcestershire to deliver quality care. The event will also provide an opportunity to draw upon the learning and methodology of the 'Perfect Week'.

#### **Staff Morale and Engagement**

15. CCG's review staff experience and monitor annual staff surveys from the main providers and engage with staff as part of the quality assurance visit process, within our quality assurance frameworks.

#### **Management of Complaints**

16. The CCGs in Worcestershire have reviewed their complaints systems and processes to ensure information on 'how to make a complaint' is clearly displayed on each CCG website and all complaints are responded to within required standards. Themes and learning from complaints are monitored through bi-monthly CCG Quality and Patient Safety Committees.
17. The CCGs also monitor and review complaints from the main Provider organisations through regular reports presented at clinical quality review meetings. This information is triangulated with other patient safety data and an independent two monthly complaint audit by the CCGs, which review a sample number of provider complaints.

#### **Listening and Responding to the Patient Voice**

18. Each CCG has an active Patient and Public Forum which is involved in providing input to service redesign and health economy wide projects. Lay members work closely with CCG Quality and Patient Safety Teams

undertaking visits to commissioned services to review quality of care, patient safety and patient experience. The CCGs have recently completed a friends and family project which, focused on patient experience following a stroke. The project involved lay members and stroke support services capturing patient experiences at key stages through the stroke pathway in Worcestershire. Learning from the project has been shared with CCG Boards and Provider organisations. Patient stories capturing patient experience of health services are also regularly presented at CCG Board meetings.

#### **Staffing at a clinical level**

19. The Trust has made good progress against the NQB 'Hard Truths Commitments Guidance' ensuring staffing information is displayed at ward level. Posters displaying different nursing, midwifery and care staff uniforms and different staff roles are also displayed on each ward.
20. A monthly report is presented at each Board meeting containing details of planned and actual staffing at ward level. Each Board report is published on the Trust website. Information on the numbers of hours of planned nursing time versus actual nursing time is collected by ward area and submitted on a monthly basis to the UNIFY website in line with national reporting arrangements. Any identified shortfalls in staffing levels are addressed through an internal escalation and monitoring process and implementation of remedial actions. The CCGs in Worcestershire continue to monitor and review the submitted information from the Trust through monthly Clinical Quality Review meetings.

#### **Recruitment and Retention of Staff**

21. The Trust has a recruitment strategy in place and has focused on expanding the Health Care Assistant Programme and increasing the number of apprenticeships within the Trust. The Trust has also explored overseas recruitment for nursing staff and the development of new NHS roles such as Physician Assistants. There has also been an active drive to encourage nurses who have left the profession to return to practice.

#### **Staff Engagement**

22. The results of the NHS national staff survey were released in February 2014 and the Trust scored 3.69 for overall staff engagement. This indicator is made up of three key findings:

- Staff ability to contribute towards improvements at work
- Staff recommendation of the Trust as a place to work or receive treatment
- Staff motivation at work.

23. This score was below average when compared with Trusts of a similar type. The results of the survey were presented to the Trust Board. An action plan to respond to the findings has been developed. Progress on the action plan is monitored internally.

### **Managing Complaints**

24. Complaints are viewed as a valuable learning tool for the Trust and a catalyst for changes in practice. An external review of the complaints system took place in April 2013. This was followed by a workshop and the development of an organisational action plan to improve the complaints process and response. This plan also incorporated recommendations from the Clwyd Hart Review (A Review of the NHS Complaints System. Putting Patients Back in the System, October 2013). A task and finish Group meets monthly to progress the action plan. Over 50% of the actions are currently complete with the remaining areas on track for completion by October 2014.

25. The Complaints and PALS policy has been rewritten and the processes have been changed to incorporate the findings of the review and action plan. The most significant change is devolved management of complaints to each Division within the Trust to ensure that there is an internal review and challenge process in place. The Divisions receive a dashboard report on their performance each month and the Divisions are advised of their performance on a weekly basis.

26. A project proposal has been developed with the patients association. Future plans include hosting a rapid spread event in November 2014 to raise the profile and commitment within clinical teams across the divisions in handling and managing complaints confidently and effectively. It is also planned to share lessons learnt from complaints and patient feedback on ward information boards.

### **Listening and Responding to the Patient Voice**

27. The Trust continues to achieve good response rates for Friends and Family Test with a current response rate of 28.8% (the national target for 2014/15 is 25%) in May

2014. The Picker Institute Inpatient Survey 2013 highlighted areas of improvement for the Trust in relation to admission processes and information to patients and key health professionals on discharge. An action plan was developed across the divisions to respond to the identified areas. Progress on the action plan is monitored through the Patient Experience Committee. Patient experience audits are undertaken on a regular basis across hospital sites. Monthly inpatient surveys and community midwifery surveys are on-going in maternity services. The Trust is also participating in a national Picker institute survey for neonatal carers. Parents/carers where babies have been inpatients in Neonatal Intensive care unit will be surveyed about their experiences of care in April and October 2014.

28. The Trust has an active Patient and Public Forum which undertakes visits to clinical areas to review quality of care' patient safety and patient experience. Patient Stories are also regularly presented at Trust Board meetings.

#### **Staffing at a clinical level**

29. The Trust has made good progress against the NQB 'Hard Truths Commitments Guidance' through the development of a tool (i-safe) to capture planned and actual ward staffing levels on a daily shift by shift basis which includes the reasons for any variance in staffing levels. All inpatient wards publically display ward staffing levels shift by shift. The first staffing report has been taken to the Trust Public Board meeting in June 2014 and has been published on the Trust website. Information on staffing levels continues to be uploaded onto NHS Choices on a monthly basis. The CCGs in Worcestershire continue to monitor and review the submitted information from the Trust through monthly Clinical Quality Review meetings.

#### **Staff Recruitment and Retention**

30. Progress has been made over the last 12 months in developing the performance and quality of the workforce to enable the organisation to continue to meet its objectives in relation to building a flexible workforce which can respond to service developments. The Trust has an established apprenticeship and intern programme. A workforce strategy action plan is in place and progress is monitored and reported to the Trust Board.

## **Staff Engagement**

31. The results of the NHS national staff survey were released in February 2014 and the Trust scored 3.71 for overall staff engagement. This indicator is made up of three key findings:
- Staff ability to contribute towards improvements at work
  - Staff recommendation of the Trust as a place to work or receive treatment
  - Staff motivation at work.
32. This score was average when compared with Trusts of a similar type. The results of the survey were presented to the Board in April 2014. An action plan to respond to the findings has been developed and will be accompanied by the use of staff focus groups to deepen the understanding of staff morale and associated issues. The Trust also undertakes regular pulse surveys of staff and supports regular drop in sessions and focus groups. The Trust has also participated in the Friends and Family test for staff.

## **Management of Complaints**

33. Following review of the complaint system in 2013, an action plan was implemented and progress is monitored by the Patient Relations Team and the Trust Quality and Safety Committee. The management of the Trust complaint process remains robust and the timescales for responses remain consistently high. Trends from complaints are analysed on a monthly basis.

## **Listening and responding to the voice of the patient**

34. The trust has an active membership scheme and promotes information on patient experience through its website. Friends and Family scores are also displayed publically on the website. Members of the public are encouraged to submit their story on the Trust website and patient stories are regularly presented to the Trust Board meetings. The Trust has launched an 'If it's not right – speak up!' campaign to remind staff of their responsibility to speak up and raise concerns if they believe standards are not being met.
35. Although the focus of the inquiry was hospital services, some of the recommendations clearly translated to adult social care, for example in relation to care provided in care home settings.

Adult Social Care

36. The Adult Services and Health Directorate Leadership team established a cross directorate group to conduct a "screening" exercise, working through the relevant Francis report recommendations to identify any outstanding issues. One of the key areas identified for improvement was complaints.

### **Management of Complaints**

37. The complaints policy has now been reviewed and a rota of investigators has been established to ensure that there is always an independent investigator. A process is in place to ensure action is taken in relation to learning from individual complaints. Themes arising from learning from complaints are included within the service improvement plan.

### **Staff retention and recruitment**

38. This is being addressed within the workforce planning supporting Future Lives. A series of workshops are currently being planned to focus on staff morale.

### **Voice of the client**

39. Quality assurance measures are in place and further development is underway to ensure that the experience of the client is understood. WCC has signed up to Making Safeguarding Personal which will ensure that the safeguarding process reflects the outcomes identified by the adult with care and support needs. Work is also underway to consider the requirements for advocacy detailed in the Care Act.

## **Conclusion**

40. In conclusion county-wide work continues to promote the 'Culture of Quality' across the health and social care economy alongside individual organisation responses. Progress for all commissioned services will continue to be kept under review through the established assurance processes. The continued review will ensure additional recommendations from the NQB 'Hard Truths Commitments' and NICE Guidance reviews alongside Government responses are incorporated into organisations' processes, systems and practice